Division of Management and Technology DMT-891A (Rev. 05/00)

EXPECTED CONTRACTS INSTRUCTIONS (DMT-891)

DIVISION Check the box for the contracting division.

TYPE OF CONTRACT Check the box for the type of contract. The choices are New, Extended Time, or Amended.

Check "Amended", if the list of contracts is for change in dollar amounts.

PROGRAM NAME Enter the name of the program providing funds.

CONTRACT PERIOD Enter the beginning and ending date of the contract period (mm/dd/ccvy).

PROFILE ID NUMBER Enter the CARS PROFILE ID (Maximum 6 characters).

PROFILE NAME Enter the name of the CARS PROFILE (Maximum 25 characters).

AGENCY NAME Enter the name of the agency.

AGENCY NUMBER Enter the CARS agency number (Maximum 10 characters).

AGENCY TYPE Enter the one or two digit CARS agency type code (Maximum 2 characters).

CURRENT CONTRACT

LEVEL

Complete this column (Column B) only if this is a change to an existing PROFILE contract

level. Enter the amount of the current contract level. Use whole dollars.

CONTRACT CHANGE

AMOUNT

Complete this column (Column B) only if this is a change to an existing PROFILE contract level. Enter the amount of increase or (decrease) to current contract level. Use whole dollars.

Enter the total contract level for this DDOFILE which will appear on the CADS aveter often

NEW CONTRACT

LEVEL

Enter the total contract level for this PROFILE which will appear on the CARS system after this document is keyed. If this is a new PROFILE for an existing contract or a new contract, this will be the only column with an entry. If this is an emended level or a PROFILE, this

column equals Column A plus Column B. Use whole dollars.

TOTALS Enter the total of each column.

PREPARED BY Enter the name of the person preparing this form.

TELEPHONE NUMBER Enter the telephone number of the preparer of this form.

DATE PREPARED Enter the date this form was prepared (mm/dd/ccyy).

DIVISION APPROVAL Enter the signature of the authorized Division representative.

TELEPHONE NUMBER Enter the telephone number of the authorized Division representative.

DATE APPROVED Enter the date the form was signed by the authorized Division representative (mm/dd/ccyy).